justly points out, that by his plan recovery can be insured in every case of internal aneurism, but that his method has proved, and, if properly carried out, will prove successful in cases which would otherwise be hopeless. Moreover, Mr. Tufnell's plan has the great advantage that even when it does no good, it at least does no harm—a merit which unfortunately cannot be attributed to the "rapid pressure treatment" (which is, besides, manifestly inapplicable to cases of thoracic aneurism), and still less to the galvano-puncture, iron wire, and horse-hair methods with which some surgeons have experimented of late years.

It is not very much to the credit of our profession, that the success obtainable by Mr. Tufnell's mode of treatment has been so long known without having more forcibly influenced the practice ordinarily adopted; had Mr. T. gained half as good results by the introduction of some new, difficult, and dangerous operation, we venture to say that his example would have found more imitators.

The three plates which accompany Mr. Tufnell's pamphlet are beautiful specimens of the chromo-lithographic art. J. A., JR.

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### ART. XXXVI.—*Ricerche Intorno Alla Bilharzia Hœmatobia in Relazione colla Ematuria Eudemica dell' Egitto; e nota intorno ad un Nematoideo trovato nel sangue umano.*

*A Research concerning the "Bilharzia Hœmatobia" in relation to the Endemic Hœmaturia of Egypt; and an account of Nematoda (filliform entozoon) found in Human Blood.* By Dr. PROSPERO SONSINO. Cairo, April 20th, 1874. 4to. pp. 13.

THIS contribution to helminthology is based upon an examination of ten cases of the "special endemic hæmaturia of Cairo" observed by the author, and due to the presence of the *distoma hœmatobia*, better known, perhaps, by the name of *Bilharzia hœmatobia*, from its discoverer, Dr. Bilharz, Professor of the School of Medicine of Kasr-el-Aeni, who described it in 1851. Reyer, of the same school, proved its coexistence with calculus; and Henry Meckel found a central nucleus in a stone, which consisted of a collection of the eggs of the entozoon.

The disease is a very common one in Egypt, and probably exists more or less throughout Africa, as it has been found at the Cape of Good Hope; it has also been discovered in the monkey. Dr. Bilharz thought that half the adults of Egypt were affected by it. The natural habitat of the worm is in the blood-vessels, but the ova and embryo may be found by examination of the urine.

The disease appears thus far to be beyond remedy, except such as may be palliative. A parasiticidal treatment would theoretically appear to be the correct method, but cannot be carried out in practice, except where the entozoa are found in the alimentary canal, or at the surface of the body. The paper of Dr. Sonsino throws no new light upon this important point. He gives some rude microscopical drawings of the ova found in the urine, and a sketch of two *nematoda*, which he claims to belong to a new species, that he found in the blood of one of his ten patients, a boy of fifteen. Six of his subjects were boys of 12 to 15 years of age; three from 16 to 19; and only one an adult, who was 35.

The origin of this fatal malady is believed to be dietetic; but what order of food, is unknown. It has been attributed to the water of the Nile, to its fish and molluscs, and even to bread, grain, and fruit; but these views are simply conjectural. The *Nematoda* are so large a class, and with such slight shades of difference, that we cannot tell, from the author's description, whether his is a new variety or not. In view of the fact that there are from five hundred to eight hundred varieties, many of them with scarcely a shade of difference, the discovery of a new one is of very little moment. What is wanted is the discovery of the sources of human entozoa, that their entrance into the system may be prevented. R. P. H.

ART. XXXVII.—*A Series of American Clinical Lectures.* Edited by E. C. SEGUIN, M.D. Vol. I. No. ii. *Acute Rheumatism in Infancy and Childhood.* By A. JACOBI, M.D., Professor of Diseases of Children in the College of Physicians andSurgeons, New York. Pamphlet, pp. 38. New York: G. P. Putnam's Sons, 1875.

DR. JACOBI'S lecture on "Acute Rheumatism in Infancy and Childhood" fully sustains the enviable reputation he has won for himself as a careful and accomplished writer on the Diseases of Children. Taking three interesting cases as the basis of his remarks, he first gives us his views of the nature of rheumatism, and then passes on to speak of the symptoms of the disease in early life, and of the points of difference between these and those presented by adults. He concludes his lecture after properly considering the subjects of diagnosis and prognosis, by a discussion of the questions involved in treatment. Neither the theory which makes the disease dependent upon the circulation in the blood of some foreign material, such as lithic acid or lactic acid, nor that which classes it among the pure neuroses, and which was, we believe, originally proposed by the late Dr. J. K. Mitchell, of Philadelphia, has yet been proven, and Dr. Jacobi finding them both unsatisfactory, thinks "it is much more rational to assume that some changes in the bloodvessels must coëxist with the multiple fluxions which constitute the fundamental phenomena of the disease," adding that in rheumatism "the cause of the various effusions would lie, no matter what its original source will be found to be, on the whole surface of the intima of the bloodvessels from the endocardium to the smallest artery or vein, even the vasa-vasorum. Endocarditis, then, would not be the complication of rheumatism, but its highest and most developed expression."

Rheumatism in children presents in Dr. Jacobi's opinion several peculiarities, the most important of which are the following: Swelling of the joints less marked and less permanent; pain not so excessive; redness less intense; temperature not so high, and in some cases not at all raised; no greater liability of males than females to the disease, and greater tendency than in adults to serous as distinguished from fibrinous effusions. Delirium is more common in adults, convulsions in children. Unless there is endocarditis, respiration is in proportion to the fever; perspiration is not copious, urine scanty, and not loaded with uric acid; on the contrary, he says, it is frequently copious and pale. The course of the disease is, perhaps, less regular than in adults. His experience has also led him to the conclusion that the disease is not so rare in children as is generally supposed, and that heart troubles are exceedingly frequent. In fact, Dr. Jacobi looks upon the absence of this complication as exceptional; in this agreeing with Picot and Claisse, who found it in 37 cases out of 47, and in 14 out of 18, respectively. He ascribes this greater prevalence of heart disease in the very young to the greater physiological activity of the organ, which of course renders it more liable to become the seat of pathological changes. Notwithstanding this fact the disease ends fatally less frequently in children than in adults.